

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**AMERICANS FOR TAX REFORM**

Number and street (or P.O. box if mail is not delivered to street address)

1920 L STREET, N.W.

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20036**D** Employer identification number**52-1403587****E** Telephone number**(202) 785-0266****F** Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.ATR.ORG****J** Organization type (check only one) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶****2,795,816.****H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **▶** **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number **▶** **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	2,566,968.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 2,566,968. noncash \$)	1e	2,566,968.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	55,035.		
	5	Dividends and interest from securities	5			
Revenue	6 a	Gross rents SEE STATEMENT 1	6a	150,048.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	150,048.		
	7	Other investment income (describe ▶)	7			
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
	8d					
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
Revenue	a	Gross revenue (not including) of contributions reported on line 1b	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11	23,765.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,795,816.		
	Expenses	13	Program services (from line 44, column (B))	13	2,420,491.	
		14	Management and general (from line 44, column (C))	14	323,147.	
15		Fundraising (from line 44, column (D))	15	294,270.		
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 13 and 14, column (A)	17	3,037,908.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-242,092.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,519,733.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	7,277,641.		

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>279,129.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>			STATEMENT 3	STATEMENT 4
	279,129.	279,129.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	286,629.	215,626.	48,725.	22,278.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	769,397.	587,741.	119,974.	61,682.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	38,920.		38,920.	
29 Payroll taxes	100,025.	77,019.	16,004.	7,002.
30 Professional fundraising fees				
31 Accounting fees	45,008.	34,413.	7,039.	3,556.
32 Legal fees	74,304.	56,813.	11,621.	5,870.
33 Supplies	33,322.	25,476.	5,214.	2,632.
34 Telephone	77,793.	59,480.	12,167.	6,146.
35 Postage and shipping	289,939.	138,765.	28,385.	122,789.
36 Occupancy	521,383.	398,650.	81,544.	41,189.
37 Equipment rental and maintenance	67,054.	51,270.	10,487.	5,297.
38 Printing and publications	241,229.	184,444.	37,728.	19,057.
39 Travel	379,217.	379,217.		
40 Conferences, conventions, and meetings	38,577.	38,577.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	23,137.	17,691.	3,619.	1,827.
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	-227,155.	-123,820.	-98,280.	-5,055.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,037,908.	2,420,491.	323,147.	294,270.

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ 108,451.; (ii) the amount allocated to Program services \$ 0.;(iii) the amount allocated to Management and general \$ 0.; and (iv) the amount allocated to Fundraising \$ 108,451.

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PLEDGE CAMPAIGN: THE IDEA OF THE PLEDGE IS SIMPLE: MAKE POLITICIANS PUT THEIR NO-NEW-TAXES RHETORIC IN WRITING. THE TAXPAYER PROTECTION PLEDGE IS OFFERED TO EVERY CANDIDATE FOR OFFICE, STATE AND FEDERAL, AND ALL INCUMBENTS.	
(Grants and allocations \$ <u>139,564.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	691,273.
b OUTREACH: ATR USES ITS NETWORK OF PLEDGE SIGNERS AND WORKS WITH A COALITION OF LIKE-MINDED GROUPS TO PROMOTE PRO-TAXPAYER, SMALL GOVERNMENT POLICIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	771,110.
c ISSUE DEVELOPMENT AND EDUCATION: ATR WATCHES AND TRACKS POLICIES AND INITIATIVES BEYOND THE TRADITIONAL TAX INCREASE MODEL.	
(Grants and allocations \$ <u>139,565.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	656,671.
d EVENTS: ATR HOSTS A MULTITUDE OF PRESS CONFERENCES, MEETINGS, AND SPECIAL EVENTS HIGHLIGHTING THE YEAR'S WORK.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	301,437.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,420,491.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	1,300.	45	1,300.	
	46 Savings and temporary cash investments	1,206,251.	46	1,357,107.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	36,113.	53	44,582.	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment basis	55a				
b Less: accumulated depreciation	55b	55c			
56 Investments - other		56			
57 a Land, buildings, and equipment basis	57a	145,446.			
b Less: accumulated depreciation STMT 6	57b	99,864.			
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 7)		6,303,661.	58	6,417,799.	
59 Total assets (must equal line 74). Add lines 45 through 58		7,616,044.	59	7,866,370.	
Liabilities	60 Accounts payable and accrued expenses	96,311.	60	588,729.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe <input type="checkbox"/>)		65		
	66 Total liabilities. Add lines 60 through 65		96,311.	66	588,729.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	7,519,733.	67	7,277,641.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		7,519,733.	73	7,277,641.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,616,044.	74	7,866,370.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	3,985,833.
b	Amounts included on line a but not on Part I, line 12.		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) CONTRACT SERVICE REVENUE	b4	1,190,017.
	Add lines b1 through b4	b	1,190,017.
c	Subtract line b from line a	c	2,795,816.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	2,795,816.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	4,227,925.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) CONTRACT SERVICE EXPENSE	b4	1,190,017.
	Add lines b1 through b4	b	1,190,017.
c	Subtract line b from line a	c	3,037,908.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	3,037,908.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GROVER G. NORQUIST 1920 L STREET, NW, STE 200 WASHINGTON, DC 20036	PRESIDENT/DIRECTOR 20.00	205,409.	7,189.	0.
PETER BALKIN 1920 L STREET, NW, STE 200 WASHINGTON, DC 20036	VICE PRESIDENT/DIRECTOR 0.50	0.	0.	0.
STEVE MASTY 1920 L STREET, NW, STE 200 WASHINGTON, DC 20036	SECRETARY/DIRECTOR 0.50	0.	0.	0.
GROVER G. NORQUIST RETROACTIVE PAY 1920 L STREET, NW, STE 200 WASHINGTON, DC 20036	PRESIDENT/DIRECTOR 20.00	74,031.	0.	0.

Yes	No
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- Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI	Other Information (See the instructions)	Yes	No
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>DC</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	16
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(202) 785-0266</u> Located at <u>1920 L STREET, N.W., WASHINGTON, DC</u> ZIP + 4 <u>20036</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

X

and enter the amount of tax-exempt interest received or accrued during the tax year

92

0.

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	55,035.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	150,048.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISC INCOME			01	23,765.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		228,848.	0.
105 Total (add line 104, columns (B), (D), and (E))					228,848.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

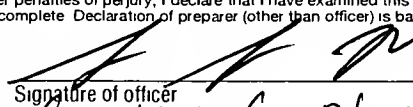
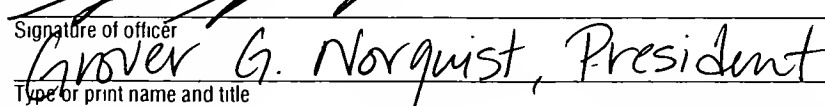
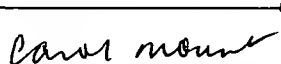
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 6/23/08	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 HALT, BUZAS & POWELL, LTD. 99 CANAL CENTER PLAZA, SUITE 230 ALEXANDRIA, VA 22314	Date JUN 19 2008	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00699613
		EIN 26-0004395		Phone no. (703) 836-1350

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2007 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	COMPUTER EQUIPMENT														
17	DELL COMPUTERS	03/31/00	SL	5.00		HY16	9,422.				9,422.	9,422.		0.	9,422.
27	SERVER	03/31/00	SL	5.00		HY16	5,000.				5,000.	5,000.		0.	5,000.
28	DELL COMPUTER	02/28/01	SL	5.00		HY16	1,347.				1,347.	1,347.		0.	1,347.
29	DELL COMPUTER	02/28/01	SL	5.00		HY16	1,547.				1,547.	1,547.		0.	1,547.
41	DELL COMPUTER	09/11/02	SL	5.00		HY16	1,447.				1,447.	1,285.		162.	1,447.
42	DELL COMPUTER	09/11/02	SL	5.00		HY16	3,017.				3,017.	2,613.		404.	3,015.
45	COMPUTER	12/31/02	SL	5.00		HY16	1,120.				1,120.	896.		224.	1,120.
46	COMPUTER	11/25/03	SL	5.00		HY16	36,198.				36,198.	22,398.		7,240.	29,638.
47	RYAN'S DESKTOP	06/08/04	SL	5.00		HY16	1,391.				1,391.	718.		278.	996.
48	RYAN'S PRINTER	06/08/04	SL	5.00		HY16	449.				449.	232.		90.	322.
49	RYAN'S MONITOR	06/16/04	SL	5.00		HY16	345.				345.	173.		69.	242.
50	MISCELLANEOUS SOFTWARE	09/16/04		36M		HY43	457.				457.	342.		115.	456.
51	3 LAPTOPS	10/12/04	SL	5.00		HY16	4,878.				4,878.	2,196.		976.	3,172.
63	CDW SCANNER	01/13/05	SL	5.00		HY16	1,036.				1,036.	414.		207.	621.
67	DELL COMPUTER	05/12/05	SL	5.00		HY16	1,586.				1,586.	528.		317.	845.
68	DELL LAPTOP	05/12/05	SL	5.00		HY16	2,063.				2,063.	688.		413.	1,101.
69	DELL LAPTOP	08/04/05	SL	5.00		HY16	2,120.				2,120.	601.		424.	1,025.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
70	ANTI VIRUS SOFTWARE	11/11/05	SL	5.00		HY16	994.				994.	232.		199.	431.
71	CDW EXCHANGE SERVER AND LICENSE	11/28/05	SL	5.00		HY16	1,942.				1,942.	420.		388.	808.
72	CDW WINDOWS SERVER AND LICENSE	11/28/05	SL	5.00		HY16	1,400.				1,400.	303.		280.	583.
73	10 DELL COMPUTER	01/01/06	SL	5.00		HY16	15,219.				15,219.	3,044.		3,044.	6,088.
74	5 DELL COMPUTER	01/01/06	SL	5.00		HY16	7,433.				7,433.	1,487.		1,487.	2,974.
75	HP COLOR LASERJET 3800DTN	02/10/06	SL	5.00		HY16	1,360.				1,360.	249.		272.	521.
76	EXABYTE VXA-320 PACKET DRIVE EXTERNAL KIT	04/26/06	SL	5.00		HY16	1,155.				1,155.	154.		231.	385.
77	2 HP HARD DRIVE - 160GB - SATA-150	05/22/06	SL	5.00		HY16	316.				316.	37.		63.	100.
78	TRIPP LIFE EXTERNAL ROUND SCSI	05/22/06	SL	5.00		HY16	44.				44.	5.		9.	14.
79	HP PROLIANT ML150 G2	05/22/06	SL	5.00		HY16	927.				927.	108.		185.	293.
80	LSI LOGIC PCI-X ULTRA320 SCSI DUAL CHANNEL HBA	05/22/06	SL	5.00		HY16	199.				199.	23.		40.	63.
81	DELL LASER PRINTER 1710	06/07/06	SL	5.00		HY16	311.				311.	36.		62.	98.
82	ADOBE ILLUSTRATOR UPGRADE	07/25/06		36M		HY43	386.				386.	54.		129.	183.
83	MAIL BOY 3 USER LICENSE	10/09/06	SL	5.00		HY16	79.				79.	4.		16.	20.
84	MAIL BOY SINGLE USER LICENSE	10/12/06	SL	5.00		HY16	39.				39.	2.		8.	10.
85	SPRINT MOBILE BROAD BAND CARD PC-5740	10/12/06	SL	5.00		HY16	150.				150.	8.		30.	38.
86	BLACKBERRY T - SUPPORT RENEWALL	12/26/06	SL	5.00		HY16	841.				841.			168.	168.
87	TREND MICRO LICENSE RENEWAL	12/12/06	SL	5.00		HY16	668.				668.	11.		134.	145.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	CRUCIAL COMPUTING - MEMORY FOR SERVER * 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT FIXTURES & EQUIPMENT	12/12/06	SL	5.00		HY16	261.				261.	4.		52.	56.
							107,147.				107,147.	56,581.		17,716.	74,294.
12	FURNITURE	10/27/99	SL	5.00		HY16	2,435.				2,435.	2,435.		0.	2,435.
13	FURNITURE	12/10/99	SL	5.00		HY16	2,435.				2,435.	2,435.		0.	2,435.
31	DESKS (3)	06/14/01	SL	5.00		HY16	450.				450.	450.		0.	450.
64	CHRIS' OFFICE FURNITURE	11/21/05	SL	5.00		HY16	1,856.				1,856.	402.		371.	773.
65	CONFERENCE ROOM TABLE	05/27/05	SL	5.00		HY16	15,713.				15,713.	4,976.		3,143.	8,119.
66	20 CONFERENCE ROOM CHAIRS * 990 PAGE 2 TOTAL - FIXTURES & EQUIPMENT LEASEHOLD IMPROVEMENTS	09/22/05	SL	5.00		HY16	3,661.				3,661.	915.		732.	1,647.
							26,550.				26,550.	11,613.		4,246.	15,859.
15	CC&T	09/10/99	SL	10.00		HY16	6,714.				6,714.	4,921.		671.	5,592.
16	CC&T * 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS CAPITAL ASSET * 990 PAGE 2 TOTAL - CAPITAL ASSET * GRAND TOTAL 990 PAGE 2 DEPR & AMORT	11/11/99	SL	10.00		HY16	5,035.				5,035.	3,612.		504.	4,116.
							11,749.				11,749.	8,533.		1,175.	9,708.
							0.				0.	0.		0.	0.
							145,446.				145,446.	76,727.		23,137.	99,861.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990

RENTAL INCOME

STATEMENT

1

KIND AND LOCATION OF PROPERTY

ACTIVITY
NUMBERGROSS
RENTAL INCOME

REAL ESTATE - 1920 L ST, WASH, DC

1

150,048.

TOTAL TO FORM 990, PART I, LINE 6A

150,048.

FORM 990

OTHER EXPENSES

STATEMENT

2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT LABOR	158,737.	126,990.	31,747.	
ADVERTISING AND PROMOTION	417,350.	417,350.		
OTHER EXPENSES	442.	338.	69.	35.
CATERING	53,123.	39,842.		13,281.
SOFTWARE AND COMPUTER SERVICES	44,161.	33,765.	6,907.	3,489.
INSURANCE	12,537.		12,537.	
MEALS & ENTERTAINMENT	48,274.	33,792.		14,482.
INTERN DUES AND	63,963.	15,991.		47,972.
PUBLICATIONS	58,554.	44,770.	9,158.	4,626.
PHOTOGRAPHY	1,956.	1,760.		196.
BANK CHARGES	9,674.		9,674.	
INTERNET	32,381.	24,286.	8,095.	
WEBSITE MAINTENANCE	43,694.	33,408.	6,834.	3,452.
PARKING	5,166.	3,950.	808.	408.
PROPERTY TAXES	203.	155.	32.	16.
CABLE	844.	645.	132.	67.
REPAIRS AND MAINTENANCE	9,214.	7,045.	1,441.	728.
CONTRACT SERVICES				
REVENUE	-1,190,017.	-909,887.	-186,119.	-94,011.
PAYROLL FEES	2,255.	1,724.	353.	178.
FINANCE CHARGES	334.	256.	52.	26.
TOTAL TO FM 990, LN 43	-227,155.	-123,820.	-98,280.	-5,055.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	3
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANTS CITIZENS FOR LIMITED TAXATION PO BOX 1147 MARBLEHEAD, MA 01945	10,000.
GRANTS GRASSROOTS INSTITUTE OF HAWAII 1314 SOUTH KING STREET #1163 HONOLULU, HI 96814	2,900.
GRANTS HAYEK INSTITUTE PO BOX 8375 STANFORD, CA 94305	13,729.
GRANTS INTERNATIONAL POLICY NETWORK THIRD FLOOR, BEDFORD CHAMBERS THE PIAZZA LONDON WC2E 8HA UK	3,000.
GRANTS NATIONAL TAXPAYERS UNION 108 N. ALFRED ST. ALEXANDRIA, VA 22314	1,000.
GRANTS NATIONAL ALLIANCE FOR WORKER AND EMPLOYEE RIGHTS 10424 WOODBURY WOODS COURT FAIRFAX, VA 22032	200,000.
GRANTS SOUTH DAKOTANS FOR OPEN AND CLEAN GOVERNMENT PO BOX 2109 SIOUX FALLS, SD 57101	10,000.
GRANTS TAXPAYERS ASSOCIATION OF OREGON PO BOX 23573 TIGARD, OR 97281	12,000.
GRANTS THOUGHT LEADERSHIP MANAGEMENT 2401 W. BEHREND STE. 7 PHOENIX, AZ 85027	11,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	263,629.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO INDIVIDUALS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS CHRISTOPHER NELSON AND ASSOCIATES 5432 E. NORTHERN LIGHTS BLVD. STE. 521 ANCHORAGE, AK 99508	NONE	5,500.
GRANTS RICK WATSON AND ASSOCIATES PO BOX 10038 TALLAHASSEE, FL 32302	NONE	10,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		15,500.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	5
	PART III		

EXPLANATION

TO INCREASE PUBLIC AWARENESS ABOUT THE SIZE AND REGULATIONS OF GOVERNMENT
AND RALLYING SUPPORT FOR LOWER TAXES AND SMALLER GOVERNMENT.

FORM 990

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT

6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	2,435.	2,435.	0.
FURNITURE	2,435.	2,435.	0.
CC&T	6,714.	5,592.	1,122.
CC&T	5,035.	4,116.	919.
DELL COMPUTERS	9,422.	9,422.	0.
SERVER	5,000.	5,000.	0.
DELL COMPUTER	1,347.	1,347.	0.
DELL COMPUTER	1,547.	1,547.	0.
DESKS (3)	450.	450.	0.
DELL COMPUTER	1,447.	1,447.	0.
DELL COMPUTER	3,017.	3,017.	0.
COMPUTER	1,120.	1,120.	0.
COMPUTER	36,198.	29,638.	6,560.
RYAN'S DESKTOP	1,391.	996.	395.
RYAN'S PRINTER	449.	322.	127.
RYAN'S MONITOR	345.	242.	103.
MISCELLANEOUS SOFTWARE	457.	457.	0.
3 LAPTOPS	4,878.	3,172.	1,706.
CDW SCANNER	1,036.	621.	415.
CHRIS' OFFICE FURNITURE	1,856.	773.	1,083.
CONFERENCE ROOM TABLE	15,713.	8,119.	7,594.
20 CONFERENCE ROOM CHAIRS	3,661.	1,647.	2,014.
DELL COMPUTER	1,586.	845.	741.
DELL LAPTOP	2,063.	1,101.	962.
DELL LAPTOP	2,120.	1,025.	1,095.
ANTI VIRUS SOFTWARE	994.	431.	563.
CDW EXCHANGE SERVER AND LICENSE	1,942.	808.	1,134.
CDW WINDOWS SERVER AND LICENSE	1,400.	583.	817.
10 DELL COMPUTER	15,219.	6,088.	9,131.
5 DELL COMPUTER	7,433.	2,974.	4,459.
HP COLOR LASERJET 3800DTN	1,360.	521.	839.
EXABYTE VXA-320 PACKET DRIVE			
EXTERNAL KIT	1,155.	385.	770.
2 HP HARD DRIVE - 160GB - SATA-150	316.	100.	216.
TRIPP LIFE EXTERNAL ROUND SCSI	44.	14.	30.
HP PROLIANT ML150 G2	927.	293.	634.
LSI LOGIC PCI-X ULTRA320 SCSI			
DUAL CHANNEL HBA	199.	63.	136.
DELL LASER PRINTER 1710	311.	98.	213.
ADOBE ILLUSTRATOR UPGRADE	386.	183.	203.
MAIL BOY 3 USER LICENSE	79.	20.	59.
MAIL BOY SINGLE USER LICENSE	39.	10.	29.
SPRINT MOBILE BROAD BAND CARD			
PC-5740	150.	38.	112.

BLACKBERRY T - SUPPORT			
RENEWALL	841.	168.	673.
TREND MICRO LICENSE RENEWAL	668.	145.	523.
CRUCIAL COMPUTING - MEMORY FOR SERVER	261.	56.	205.
TOTAL TO FORM 990, PART IV, LN 57	145,446.	99,864.	45,582.

FORM 990

OTHER ASSETS

STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM ATRF	6,270,654.	6,405,671.
OTHER ASSETS	33,007.	12,128.
TOTAL TO FORM 990, PART IV, LINE 58	6,303,661.	6,417,799.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

AMERICANS FOR TAX REFORM**FORM 990 PAGE 2****52-1403587****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,893.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	22,893.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year.					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44
					244.
					244.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	AMERICANS FOR TAX REFORM	52-1403587
	Number, street, and room or suite no. If a P.O. box, see instructions. 1920 L STREET, N.W., NO. 200	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**

Telephone No ▶ **(202) 785-0266**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2007** or
- ▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)